

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

2014 AUG - 6 Ph 3: 55

NAME OF FILER Holton - Hodson		Parth.	(MIDDLE)	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
State Controller's Office		19		
Division, Board, Department, District, if applicable		Your Position		
		Deputy Controller Health	and Consumer Policy	
▶ If filing for multiple positions, list below or on an attack	hment. (Do not use acror	nyms)		
Agency: CalPERS, CA Health Facilities Fina	ncing Authority	Position: designated repres	entative	
2. Jurisdiction of Office (Check at least one box	()			
✓ State	]	Judge or Court Commissioner (S	Statewide Jurisdiction)	
Multi-County	[	County of		
City of		Other		
DAME OF THE PROPERTY OF THE PR				
3. Type of Statement (Check at least one box)			7 , 31 , 2014	
Annual: The period covered is January 1, 2013, th December 31, 2013.	rough [	Leaving Office: Date Left	31 , 2014	
-or-	through	The period covered is January	ary 1, 2013, through the date of	
December 31, 2013.	, tillougii	leaving office.	ny iy zavay amaagii aha aata ay	
Assuming Office: Date assumed/		The period covered is the date of leaving office.	_/_01 _/2014, through	
Candidate: Election year	and office sought, if differen	nt than Part 1:		
4. Schedule Summary Check applicable schedules or "None."	► Total num	ber of pages including this	cover page:	
Schedule A-1 - Investments – schedule attached	☐ Şc	hedule C - Income, Loans, & Busin	ness Positions - schedule attached	
Schedule A-2 - Investments – schedule attached		hedule D - Income - Gifts - sched		
Schedule B - Real Property – schedule attached	☐ Sc	hedule E - Income - Gifts - Trave	I Payments - schedule attached	
Or- None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
	Sacramento	CA	95818	
DAYTIME TELEPHONE NUMBER	E-MAIL	ADDRESS (OPTIONAL)		
I have used all reasonable diligence in preparing this stat herein and in any attached schedules is true and comple			nowledge the information contained	
I certify under penalty of perjury under the laws of the	ne State of California tha	t the foregoing is true and correct	ct.	
Date Signed 07/31/14	Signatu	re _		
(month, day, year)	(200)	(File the originally signed state	ement with your filing official.)	

## SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Roth Hollon - Hollson

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Ruth Holton-Hodson Trust	Dorothy B Holton Testementary Trust
Sacramento, CA 95818  Address (Business Address Acceptable)  Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Name  Sacramento, CA 95818  Address (Business Address Acceptable)  Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499	□ \$0 - \$499
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None	INCOME OF \$10,000 OR MORE (Altach a separate sheet if necessary.)  None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
Allianzgi NFG small cap	✓ INVESTMENT
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  1 we feet fund  Description of Business Activity or	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  Investment fund  Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$1,000,000  \$100,001 - \$1,000,000  Over \$1,000,000  ACQUIRED DISPOSED
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMIS

Investments, Income, and Assets

SCHEDULE A-2

(Ownership Interest is 10% or Greater)

of Business Entities/Trusts

Name

Ruth Holton Hodson

\* Select from drop down list

<BLUE> is a required field

4. Investments or Interests in Real Property Held by the Busines 3. Sources of Income of \$10,000 or 2. Gross Income

οğ LIST DATE
FAIR MARKET ACQUIRED OR
VALUE\* DISPOSED
(mm/dd/2012) Trust (Use a separate line for each investment or real property interest.) \$10,001 -\$100,000 REAL PROPERTY-LIST PRECISE F LOCATION OF REAL PROPERTY BUSINESS ENTITY/NAME, AND BUSINESS ACTIVITY consolidated edison holding company INVESTMENT-LIST SINGLE SOURCES OF INCOME OF \$10,000 OR MORE more INCLUDE YOUR PRO RATA SHARE OF GROSS INCOME ENTITY/TRUST" 10076 Received YOUR BUSINESS POSITION NATURE OF INVESTMENT (if "other," describe)\* A P O FAIR MARKET ACQUIRED OR (mm/dd/2013) DISPOSED LIST DATE VALUE\* Personal DESCRIPTION OF BUSINESS ACTIVITY GENERAL NAME AND ADDRESS OF BUSINESS (Business Address Acceptable) (If Trust, go to 2) 1. Business Entity or Trust **ENTITY OR TRUST** Ruth Holton-Hodson Trust

FPPC Form 700 (2013/2014) Sch. A-2x FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

## CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMIS

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

SCHEDULE A-2

Name

Ruth Holton Hodson

\* Select from drop down list

<BLUE> is a required field

1. Business Entity or Trust	the souther of the souths with the souths of the south of	onplant of the flower of the f	rgletu () ro i	ooni effi bri 1 Xeonieus 16va Xensi 008au gedic	moninge Beggg feb Sugar a oo maka ar an	2. Gross Income Received	3. Sources of Income of \$10,000 or more	4. Investments or Interests in Real Property Held by the Busines Trust (Use a separate line for each investment or real property interest.)	Interests in Real I	Property Held	l by the Busi	seu
	GENERAL DESCRIPTION OF VALUE* BUSINESS ACTIVITY VALUE*	LIST DATE LIST DATE ACQUIRED OR VALUE* DISPOSED (mm/dd/2013)	TE A DOR or O13)	NATURE OF INVESTMENT (if "other," describe)*	YOUR BUSINESS POSITION	INCLUDE YOUR PRO RATA SHARE OF GROSS INCOME TO TO ENTITY/TRUST*	LIST SINGLE SOURCES OF INCOME OF \$10,000 OR MORE	INVESTMENT- BUSINESS ENTITYNAME, AND BUSINESS ACTIVITY	REAL PROPERTY- LIST PRECISE LOCATION OF REAL PROPERTY	FAIR MARKET	LIST DATE ACQUIRED OR DISPOSED (mm/dd/2012)	4 p 0
Dorothy B Holton testemetary Trust	Mrshart Th	Fred				33 %		FPA Crescent INSTL		\$10,001 - \$100,000	7/16/13	⋖
	11					3370		PIMCO All Asset		\$10,001 - \$100,000	7/16/13	< □
												i

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Ruth Holton-Hodson

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
\$	<b>\$</b>
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	\$
	<b>1</b> \$
Comments: no gifts this period	